

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

LINEAR DISPLACEMENT SENSOR

the specification of which (check one): is attached hereto; was filed on _____ as Application Serial No. _____ and was amended on (or amended through) _____ (if applicable). I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)	Priority Claimed
------------------------------	------------------

None	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

None	(Status) : Patented Pending or Abandoned)
(Application Serial No.) (Filing Date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I (we) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

<u>Attorney</u>	<u>Reg. No.</u>	<u>Telephone No.</u>
David D. Murray	28,647	734-302-6000

Send correspondence to: BRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610

Direct telephone calls to: David D. Murray 734-302-6000

Name of First or Sole Inventor:	Citizenship:
<u>Richard A. Schroeder</u>	<u>USA</u>
Residence Address-Street:	POST OFFICE Address-Street
<u>72 Pearl</u>	<u>Same As Residence Address</u>
City (Zip):	City (Zip):
<u>Oxford, MI 48371</u>	<u>Same As Residence Address</u>
State or Country:	State or Country:
<u>USA</u>	<u>USA</u>
Date:	Signature:
<u>18 March 2004</u>	<u><i>Richard A. Schroeder</i></u>

Name of Second Inventor:
Joe A. Turner

Residence Address-Street:
1566 Crestline

City (Zip):
Troy, MI 48083

State or Country:
USA

Date:
18 MARCH 2004

Citizenship:
USA

POST OFFICE
Address-Street
Same As Residence Address

City (Zip):
Same As Residence Address

State or Country:
USA

Signature:


Name of Third Inventor:
Christopher J. Torchala

Residence Address-Street:
21032 Batchelder Ct.

City (Zip):
Macomb Twp., MI 48044

State or Country:
USA

Date:
18 MARCH 2004

Citizenship:
USA

POST OFFICE
Address-Street
Same As Residence Address

City (Zip):
Same As Residence Address

State or Country:
USA

Signature:
